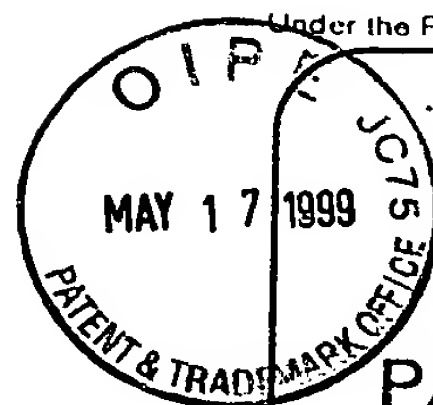


Please type a plus sign (+) inside this box → ☐PTO/SB/01 (8-96)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number	GEI-067
First Named Inventor	LANQUETIN et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**HORMONAL COMPOSITION CONSISTING OF AN OESTROGEN COMPOUND  
AND OF A PROGESTATIONAL COMPOUND**

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR☐ was filed on (MM/DD/YYYY) **October 8, 1997**

as United States Application Number or PCT International

Application Number **PCT/FR97/01792** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
96/12239	FRANCE	10/08/96	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT/FR97/01792	FRANCE	10/08/97	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

{Page 1 of 5}

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

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## DECLARATION

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Charles A. Muserlian	19,683		
Jordan B. Bierman	18,629		
Donald C. Lucas	31,275		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	Bierman, Muserlian and Lucas		
Address			
Address	600 Third Avenue		
City	New York	State	New York
Country	U.S.A.	Telephone	(212) 661-8000
		Fax	(212) 661-8002

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	MICHEL	Middle Initial		Family Name	LANQUETIN	Suffix e.g. Jr.	
Inventor's Signature	LANQUETIN Michel					Date	04.05.1999
Residence: City		State		Country	FRANCE	Citizenship	French
Post Office Address	Chemin Soanes, Quartier de l'Adrech, Laghet						
Post Office Address	PRX						
City	LA TRINITE	State		Zip	F-06340	Country	FRANCE

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	JACQUES <i>JW</i>		Middle Initial		Family Name	PARIS		Suffix e.g. Jr.	
Inventor's Signature	PARIS Jacques				Date	04.05.1999			
Residence: City			State		Country	FRANCE		Citizenship	French
Post Office Address	Le Clos de Cimiez, Bât. E-Porte 1, 31 avenue Cap-de-Croix								
Post Office Address									
City	NICE	<i>PRX</i>	State		Zip	F-06100	Country	FRANCE	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	JEAN-LOUIS <i>JL</i>		Middle Initial		Family Name	THOMAS		Suffix e.g. Jr.	
Inventor's Signature	THOMAS Jean Louis				Date	04.05.1999			
Residence: City			State		Country	FRANCE		Citizenship	French
Post Office Address	16 rue Gabriel Peri								
Post Office Address	<i>PRX</i>								
City	CHARENTON-LE-PONT		State		Zip	F-94220	Country	FRANCE	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip		Country		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip		Country		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip		Country		

☐ Additional inventors are being named on supplemental sheet(s) attached hereto